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| **Topical Ointment, Paste, Salve, Cream Skills Checklist** | **Date Skill Verbalized / Demonstrated** | | |
| 1. Follow the Six Rights of Medication Administration; **Right** student, **Right** medication, **Right** dose, **Right** time, **Right** route and **Right** documentation. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Wash hands. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Put on gloves. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Loosen cap on the medication and squeeze a small amount directly onto cotton tipped applicator (Q-tip®). | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Apply ointment directly to the area or give applicator to student for them to apply. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Cover area, if indicated. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Remove gloves and wash hands. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Document on the Medication Request Form/ Record-Log that you have administered the medication. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Replace medication in locked storage area. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |
| 1. Observe the student for any medication reaction as appropriate. | Click or tap here to enter text. | Click or tap here to enter text. | Click or tap here to enter text. |

I have voluntarily received training and was able to ask questions about the above information.

I understand my responsibility and voluntarily agree to administer topical medication as outlined above

during the \_\_\_\_\_\_\_\_\_\_\_\_\_ school year.

Click or tap here to enter text.

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***Staff signature Date***

This staff member has received the above training and demonstrated sufficient understanding and skill in administration of topical medication.

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***Registered Nurse signature Date***